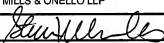



<b>TRANSMITTAL FORM</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/799,783</td> </tr> <tr> <td>Filing Date</td> <td>March 12, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Jin-Kyoung Jung</td> </tr> <tr> <td>Art Unit</td> <td>2816</td> </tr> <tr> <td>Examiner Name</td> <td>Almo, Khareem E.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>SAM-0529</td> </tr> </table>	Application Number	10/799,783	Filing Date	March 12, 2004	First Named Inventor	Jin-Kyoung Jung	Art Unit	2816	Examiner Name	Almo, Khareem E.	Attorney Docket Number	SAM-0529
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Examiner Name	Almo, Khareem E.												
Attorney Docket Number	SAM-0529												
(to be used for all correspondence after initial filing)													
Total Number of Pages In This Submission													

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; font-size: small;"> <b>Remarks</b>          In connection with the foregoing matter, please charge any other unpaid fees which may be due, or credit any overpayment, to Deposit Account Number 501798.            Fees Paid: One-Month Extension of Time - \$130.00       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MILLS & ONELLO LLP	
Signature		
Printed name	Steven M. Mills	
Date	12/1/08	Reg. No. 36,610

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